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TO: Group Art Unit 2877 – EXAMINER – Michael A. Lyons

COMPANY: U.S. Patent and Trademark Office

FAX NUMBER: 571-273-8300

FROM: Bob Crawford

DATE: 09-28-06

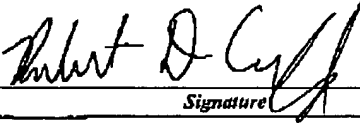

NO. OF PAGES:
(including cover sheet) 5

SUBJECT: U.S. Serial No. 09/703,823
Our Docket No. 712-002-104 (CC-0166)

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

In re application of	:	Docket No.: 712-002-104 (CC-0166)
MICHAEL A. DAVIS ET AL.	:	Confirmation No. 4186
Serial No.: 09/703,823	:	Group No.: 2877
Filed: November 1, 2000	:	Examiner: Michael A. Lyons
Title: Optical System Featuring Chirped Bragg Grating Etalon for Providing Precise Reference Wavelengths		
Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313		

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 712-002-104 (CC-0166)	
Applicant(s): Michael A. Davis et al.						
Application No. 09/703,823	Filing Date 11/01/00	Examiner Michael A. Lyons	Customer No.	Group Art Unit 2877	Confirmation No. 4186	
Invention: Michael A. Davis et al.						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-0260 in the amount of \$0.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0260 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 09/28/06			
Robert D. Crawford CIDRA Corporation 50 Barnes Park North Wallingford, CT 06492 (203) 626-3502			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 09/28/06 (Date)  Signature of Person Mailing Correspondence Nancy C. Roach Typed or Printed Name of Person Mailing Correspondence </div>			
cc:						

SEP 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Docket No.: 712-009-104
MICHAEL A. DAVIS ET AL. : Confirmation No. 4186
Serial No.: 09/703,823 : Group No.: 2877
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Title: Optical System Featuring Chirped Bragg Grating Etalon for Providing
Precise Reference Wavelengths

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated July 28, 2006, Applicants submit the following remarks.

I hereby certify that this correspondence is being deposited with U.S. Postal Service as First Class Mail addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or transmitted via Facsimile to U.S. Patent & Trademark Office.

Signature:

Name (Print/Type)

Date:

Nancy C. Roach
Nancy Roach
9/28/06